



Letter to the Editor

Analysis of the high-risk age group of suicide in South Korea—Comparison of Japan and South Korea

To the Editor

Specific suicide prevention measures have recently been implemented in several countries.^{1,2} In the United States of America (USA), psychiatric disorders are understood through the cooperation of administrative bodies, the general public, and medical personnel.^{2,3} Suicide rates in the USA have decreased in recent years.⁴ South Korea is one country that has extensively modernized, but the number of suicides in the country in 2000 has increased approximately 2.04 times from its level in 1990, according to a special report on vital statistics from the Ministry of Health, Labor, and Welfare. The number of suicides in Japan increased in 1998 and has remained high since then.⁵ Therefore, we aim to clarify suicide trends by age for Japan and South Korea. In this report, we compared the suicide rates by age in Japan and South Korea during 2001–2002 as were reported by the 'Journal of Health and Welfare Statistics' of the Health and Welfare Statistics Association.

Suicide rates by sex and age in Japan and South Korea during the test period are shown in Fig. 1a and b. Men had rates of 34.2 and 35.2 suicides per 100,000 people in 2001 and 2002 in Japan and 20.3 and 24.7 suicides in South Korea, resulting in a higher ratio for Japanese men of 1.68:1 and 1.43:1 in respective years. Women had rates of 12.9 and 12.8 suicides in Japan and 9.1 and 11.2 suicides in South Korea, resulting in a higher ratio for Japanese women of 1.42:1 and 1.14:1 in 2001 and 2002. In both years, the rates were higher in South Korea than in Japan for males ages 65–74 and 75 or over and for females ages 5–14, 65–74, and 75 or over. In Japan, the increase in the number of suicides since 1998 has been influenced by the increase in the number of suicides among middle-aged men.⁶ The data in this report show that the suicide rate among the elderly was high in South Korea, so age groups with high suicide rates differ in Japan and South Korea, suggesting the necessity of age-group-specific suicide prevention measures. In current studies on elderly South Koreans, the main causes of suicide are reported to be living alone, for men, and 'health and disease status'.^{7,8} Living alone was significantly associated with depressive symptoms and suicidal ideation in men⁷, and 'health and disease status' are strongly determined by social factors.⁸ Therefore, we believe that suicide prevention measures targeting these factors should be immediately implemented for the elderly in cooperation with administrative bodies, medical personnel, related groups, and citizens in South Korea.

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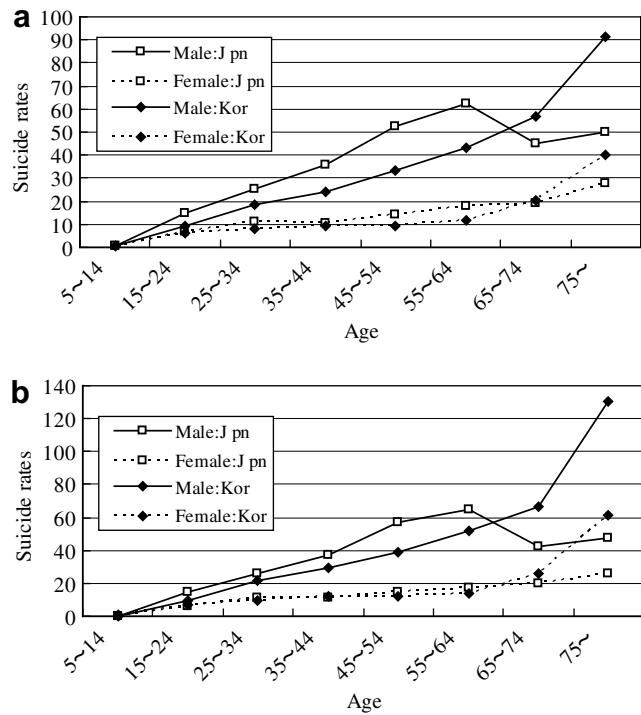


Fig. 1. (a) The gender- and age-classified suicide rates in Japan and South Korea in 2001. (b) The gender- and age-classified suicide rates in Japan and South Korea in 2002.

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Available online 26 October 2008